Western New York R·AHEC Rural Area Health Education Center

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December 8, 2010

Sharon Gillett, Chief
Wireline Competition Bureau
Federal Communications Commission
445 12th St SW
Washington, DC 20054

RE: WC Docket No. 02-60

Dear Ms. Gillett,

This letter is being written to show our support of multiple Rural Health Care Pilot Programs (RHCPP) and the requests they are making to the Commission. Specifically, three projects, which have appeared in the In the ECFS system in the last 30 days : Michigan Public Health Institute (MPHI) requesting a waiver of paragraph 94 of FCC Order 07-198, Indiana Telehealth Network request for extension, and Oregon Health Network (OHN) in person November 18th and 19th presentation on Leased Networks, data centers, and eligibility.

R-AHEC like MPHI and several other RHCPP projects, experienced several obstacles and delays while posting our RFP #01, connecting 26 rural facilities. Our first RFP was posted in July, 2009 allowing vendors 45 days to respond and receiving bids until August, 2009. We then had a bid review committee comprised of partners, reviewing and scoring each bid received according to our scoring matrix. We worked diligently for months on the bid review process to ensure the vendor that we selected would be fully compliant with the FCC Order as well as identifying the most cost effective, and best-suited vendor for our facilities. Once our vendor was selected we continued to work diligently over the next few months in contract negotiations and sustainability planning for each facility, even incorporating the "Regular Program" rules and regulations for those who were deemed eligible to participate and ruling out those who were ineligible. Our Funding Commitment Letter was issued in September, 2010, for our vendor to commence work immediately. It is now December, 2010 and our facilities are just able to go "live" on the network and actually start billing within the next 30 days. Thus, not allowing our most rural facilities the benefit of a full 60 months of RHCPP funding but rather only 56. Although four months does not seem like a large amount of time, the potential loss of subsidy for individual facilities during those four months is over $10,000. These cost savings for our most rural facilities can be crucial.

We are actively working and are in hopes that our RFP #02 to connect another approximate 30 plus facilities will be published within the next few weeks. These 30 plus facilities will find themselves in the same scenario of not benefiting from the full potential 60 months subsidy. By the time RFP 02 is competitively bid, reviewed and paperwork completed, these facilities will probably not be ready to start billing until late April or early May 2011 allowing them only roughly 50 months of funding as opposed to the full 60 months. If the commission was to review this rule and make it 5 Years from the date each facility starts invoicing or 5 years from the date of each funding commitment letter the impact upon the facilities would be tremendous.

Due to the timelines shown above if there is any remaining money from our original $5.9 million award we would be under huge time restraints to add on any other facilities within the June 30, 2011 deadline. We fully support Indiana Telehealth Networks request for a one year extension, allowing us to possibly publish another RFP for additional facilities being added on and also allowing us to expend the remaining funds and incorporate any FCC eligibility facility changes should they occur.

R-AHEC has also reviewed OHNs' presentation to the FCC on November 18th – 19th and finds we are in a similar situation, as we also lease our network. Each of our facilities joined the scalable network with a minimum of 10 Mbps connecting to a Network Operations Center monitored by our vendor 24/7 to ensure strict Service Level Agreements are maintained. We also agree with OHN that dedicated networks in the rural areas are very expensive representing many challenges for those rural healthcare providers and the FCC should continue to support and maintain funding for all leased networks. It is also critical FCC consider data centers for eligibility. It is crucial for FCC to continue to review eligible entities to include off-site administrative offices to reduce the costs of telemedicine adoption for rural providers (see FCC-10-125A1 NPRM reference 234) as well as data centers of which R-AHEC has a conferencing and server core aggregating and expanding the needs and capacities for hospitals and clinics (see FCC-10-125A1 NPRM reference 243).

Please advise if we can provide any further information that may assist you in considering our requests.

Respectfully,

Kenneth L. Oakley, PhD, FACHE
Project Coordinator

CC: Thomas Buckley, Senior Deputy Division Chief
Camelia Rogers